

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1															
2	1	1													
3		2													
4		1													
5		2													
6		4													
7		4													
8		2													
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27	1	1													
28		2													
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44		2													
45		1													
46		2													
47		2													
48		2													
49		2													
50															
TOTAL IND.															
TOTAL DEP.															
TOTAL CLAIMS															

51		1				
52		1				
53		1				
54		1				
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94		1				
95		1				
96		1				
97		1				
98		1				
99		1				
100		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

9
33
4
91
46
137

38